

The Passion of the Prepuce: The Debate over Routine Circumcision in Britain and the United States, 1870-1949.

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Circumcision, with its origins shrouded in the mythology and rituals of antiquity, is one of the most ancient surgical practices in the world. The procedure consists of the removal of all or part of the prepuce, or foreskin of the penis. Though a relatively non-invasive surgery, the practice has provoked a longstanding controversy over its usefulness and morality. During the late nineteenth century, the medical communities in Britain and the United States transformed it from an obscure religious ceremony into a common medical procedure, and promoted it as a sort of “wonder-cure” by numerous American and British physicians. However, less than a hundred years later, the two cultures diverged to the point where the practice had become almost standard in America as it became less and less popular in Britain. Neonatal circumcision, performed on males immediately or within the first weeks after birth, tethered the medical practice to a cultural debate; one concerning over practices of childrearing, hygiene, and social control.

Recently, in San Francisco, a group calling themselves “intactivists” began promoting a city-wide ban on the practice of routine circumcision for all males under the age of seventeen. The proposed law would carry a potential fine (not more than \$1,000) or even jail time for those continuing the practice illegally. The advocates of the proposed law decry neonatal circumcision as an unnecessary surgery that abuses the rights of the child, while the proponents of the surgery claim it has a place for both medical benefits and as an expression of religious or cultural freedom.¹ A court hearing in the summer of 2011 in San Francisco was held to determine if the proposed law would be included on the November 2011 ballot. Although the court struck down the

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¹ Madison Park, “Intactivists’ to San Francisco: Ban Circumcision,” CNN, November 19, 2010, under “Health,” <http://www.cnn.com/2010/HEALTH/11/19/male.circumcision.sf/index.html> (accessed December 8, 2010).

proposed law, the “intactivists” of the Bay Area continue to voice their opposition to the procedure.²

The medical community, and American society at large, has become more vocally divided over the issue, raising some fundamental questions about the place of circumcision in modern medicine. The origins of the debate remain ambiguous, as well as the reasons for circumcision in its modern, more medicalized context. The place of neonatal circumcision as a medical procedure becomes more confusing considering that both sides argue over issues of personal and religious freedom, body integrity, and social values. As the contemporary debate in San Francisco demonstrates, the medical context of the argument becomes overshadowed by questions over cultural values and freedom, and evidence supporting either side has remained contested since the advent of medical circumcision.

Neonatal circumcision of boys as a medical procedure became popular in the English-speaking world during the late nineteenth century and was used to treat or prevent a variety of disorders, but over the course of successive decades the practice came under criticism in the same medical communities that had propagated its growth. Changing attitudes to medical circumcision diverged along cultural and national lines. British doctors increasingly questioned its place in medical science, while many American doctors continued to promote it. After 1900, circumcision rates in Britain dropped. In the United States, however, the practice did not receive the same criticism, and as the rates declined in Britain, they continued to rise in the United States through most of the twentieth century.

Neonatal circumcision remains routine in many American hospitals to this day, although the debate over its use has not subsided. The dispute continues to be influenced not only by medical evidence but also cultural and religious values. The place of neonatal circumcision in the history of medicine seems to have less to do with hard-line medical research than the changing cultural perspectives of the medical community, a process with evidence going back at least to the late nineteenth century. Emphasis on cultural values and their influence on the medical community can be seen not only in the process of adopting circumcision in Britain and the United States, but also in the reasons for its eventual rejection in British medicine while the practice was retained in the United States.

Prior to the nineteenth century, most Americans and Britons knew of circumcision through a religious context, rather than a medical one. Muslims as well as Jews had long practiced circumcision of young or

² Jonathon Conte, “SF MGM Bill Court Hearing and Demonstration,” *Bay Area Intactivists*, July 30, 2011, <http://www.bayareaintactivists.org/node/30> (accessed February 12, 2012).

infant males, tracing the ritual line back to the biblical patriarch Abraham. Without the modern conceptions of disease pathology or sexual dysfunction that appear in later advocacy of the procedure, the ancient Semites viewed circumcision as a sign of a holy covenant with God, as well as a feature of society that marked them physically as distinct from many of the surrounding peoples.

As a religious ritual, circumcision was practiced primarily by a few tribal or nomadic societies, mostly living in desert regions.³ However, Christian nations were familiar with the practice of Jews and Muslims, if not the historical, cultural, or religious connotations of this rite. Many physicians recognized that the quasi-religious ritual of circumcision formed the basis of European knowledge of the procedure. In a lecture given at Middlesex hospital in 1907, the surgeon J. Bland-Sutton states, "The diffusion of the Jews throughout the civilized world after the destruction of Jerusalem, and the spread of Mohammedans (Muslims) in the east has made civilized man familiar with the rite."⁴ During the last decades of the nineteenth century, social unrest and persecution in Europe, caused Jewish immigration to the United States to steadily increase. Jewish hospitals and physicians exposed the American medical community to their time-honored circumcision practices, despite being known in Europe for some time prior.⁵

The extent of circumcision outside of the Jewish community remained limited throughout most of the nineteenth century, with members of the medical community hesitant to embrace what they saw as an archaic religious rite. The medical community accepted neonatal circumcision as treatment for congenital phimosis,⁶ although they did not embrace it wholeheartedly. In an 1857 publication of the *British Medical Journal*, A. G. Walter wrote that circumcisions in treatment of phimosis "no doubt, relieve the defect; but they also produce artificial deformity of the member."⁷ He then goes on to describe a procedure involving the partial cutting, rather than full removal, of the foreskin.

³ Robert Darby, "The Masturbation Taboo and the Rise of Routine Male Circumcision: a Review of the Historiography," *Journal of Social History* Vol. 36 (Spring 2003): 737.

⁴ J. Bland-Sutton, "A Lecture on Circumcision as a Rite and as a Surgical Operation. Delivered at the Middlesex Hospital," *The British Medical Journal* Vol. 1 (June 15, 1907): 1409.

⁵ Edward Wallerstein, *Circumcision: An American Health Fallacy* (New York, NY: Springer Publishing Company, 1980): 36-37.

⁶ Congenital phimosis describes a condition where the child is born with an exceptionally tight or long foreskin that is difficult or impossible to retract. The condition can hamper penile hygiene and make erections difficult or painful in the adult.

⁷ A. G. Walter. "New Operation for Phimosis." *The British Medical Journal* Vol. 1 (June 6, 1857): 476.

While this indicates that physicians recognized circumcision in some cases as a medical procedure, the practice remained on the fringe of modern medicine. Doctors thought of it as quaint or of dubious necessity, and even as a barbaric tribal rite associated with uncivilized peoples and savage customs of mutilation. Echoes of anti-semitic, medieval “blood libel” against the Jews⁸ and fresh stories of British soldiers in India captured and forcibly circumcised by Muslim opponents,⁹ reinforced the suspicion in British hearts and minds. Popular opinion often equated the practice with abuse, mutilation, and humiliation, and at this stage circumcising was hardly accepted as suitable for routine practice on children.

Suspicion and hostility began to lift in the later nineteenth century, and according to David L. Gollaher, the turning point in the United States occurred in early 1870 at the behest of Dr. Lewis A. Sayre, an orthopedic surgeon and leading authority on human anatomy.¹⁰ Sayre investigated a case of paralysis in a young boy, the cause of which had puzzled one of his colleagues. Sayre discovered that the child possessed a highly swollen meatus¹¹ and a contracted foreskin. Assured by the child’s nurse that this was a chronic condition, Sayre came to believe that the inflammation had led to paralysis and recommended circumcision as treatment. The boy began to recover swiftly after the operation took place, leading Sayre to test the method in other cases of paralysis where conventional treatments had failed. These produced similar, promising results. A British doctor named Nathaniel Heckford had conducted similar experiments several years earlier, boasting similarly impressive results at the East London Hospital for Children because prior to Sayre’s widely publicized success, Heckford’s results went largely unnoticed.¹²

Sayre’s results generated intense interest in the practice of circumcision, and when he convinced the American Medical Association

⁸ An example of this attitude relating to circumcision can be seen in a woodcut appearing in Hartmann Schedel’s *Nuremberg Chronicle* or *Buch der Chroniken*, published by Anton Koberger in 1493 (see Figure 1). The woodcut depicts a group of Jews ritually murdering a Christian child named Simon of Trent, a grisly crime at the heart of anti-Jewish blood libel. The woodcut depicts one of the Jews holding a knife or scalpel at the end of the boy’s penis, a probable reference to circumcision.

⁹ Robert Darby, “Solving the ‘Negro Rape Problem,’” *History of Circumcision*, http://www.historyofcircumcision.net/index.php?option=com_content&task=view&id=63&Itemid=0 (accessed November 11, 2010).

¹⁰ David L. Gollaher. “From Ritual to Science: The Medical Transformation of Circumcision in America,” *Journal of Social History* Vol. 28 (Autumn, 1994): 5.

¹¹ In medical terms, the meatus refers to a body opening, in this case the one at the tip of the penis (urinary meatus).

¹² Gollaher, *From Ritual to Science*, 6-7.

to begin publication of JAMA,¹³ other physicians began to use the publication to advocate the procedure. Their reasons varied; while Sayre had focused on limited use for treatment of certain diseases¹⁴, the wider medical community came to embrace it for a variety of illnesses. Peter C. Remondino, a well-known American physician and author, who had gained some fame as a physician in the American Civil War, published his impassioned and indeed polemic *History of Circumcision from the Earliest times to the Present* in 1891, as the circumcision practice had become increasingly common as medical routine for young boys. In the history, he praised the procedure, claiming its usefulness in combating problems well beyond Sayre's work with paralysis, from alcoholism and "feeble-mindedness" to masturbation and enuresis;¹⁵ the work praises the old Hebrew rite as "wisdom that could be nothing less than of divine origin...forestall[ing] evolution."¹⁶

As concerns over phimosis rose, as well as the fear of venereal diseases, British and American physicians desperately sought a prophylactic against what was perceived as a crippling moral decay, and venereal disease tied to fears of sexual immorality in Victorian society. Although washing of the glans penis with soap and water prior to and/or after exposure is believed to reduce the risk of some venereal diseases (a method used before the introduction of antibiotics), circumcision promised a more lasting prophylaxis against infection.¹⁷

A British study in 1855, as well as an American replication study later in 1884, revealed that Jews carried relatively lower rates of venereal disease.¹⁸ Some physicians came to believe that circumcision, a procedure that had set Jews apart from their neighbors for thousands of years, led to the disease gap with the Gentiles. A prophylactic against syphilis provided a powerful lure for American and British doctors to

¹³ JAMA, or the Journal of the American Medical Association, has been published continually since 1883.

¹⁴ He has worked as an Orthopedic surgeon.

¹⁵ Involuntary urination, generally referring to the condition of nocturnal enuresis, a common concern in childhood and known colloquially as "bedwetting."

¹⁶ Peter C. Remondino. *History of Circumcision from the Earliest Times to the Present*. (Philadelphia, PA: F. A. Davis, 1891), 10.

¹⁷ Kate Bonner. "Male Circumcision as an HIV Control Strategy: Not a Natural Condom" *Reproductive Health Matters* Vol. 9 (Nov, 2011): 151. Kate Bonner's article focuses on a contemporary debate over the use of circumcision as a prophylaxis against HIV, especially in Sub-Saharan Africa. She cites evidence indicating that circumcision can reduce a male's risk of infection, but that studies have shown no preventative effect for a circumcised, HIV-positive man transmitting the virus to a partner, and questions about applying the treatment as prophylaxis in "high-risk" communities echo the social and ethical dilemmas that informed the discourse many years earlier that is the topic of this paper.

¹⁸ Wallerstein, *Circumcision: An American Health Fallacy*, 37.

endorse circumcision. The procedure became popular among army surgeons especially, and an examination of statements from men such as Dr. R. E. Foott reveal that circumcision made the disease much easier to detect, diagnose, and therefore treat.¹⁹ The aid provided to medical practitioners in diagnosing and treating the disease was apparent, while the notion of circumcision as an effective prophylaxis was not. Even so, the idea continued to hold sway over the ensuing decades as the procedure itself became more widespread in both Britain and America, likely contributing to its popularity. In this way, circumcision became a potent form of social and moral control in both societies, very much influenced by rigid Victorian standards of acceptable behavior. Calling to mind the racism prevalent, particularly in the United States during the period, H. H. Hazen (writing for Sayre's JAMA) suggested circumcision as a method of stemming the spread of syphilis among the African-American community. Claiming that this group possessed a heightened sexual desire, he recommended, "all male babies should be circumcised, both for the purpose of avoiding local irritation which will increase the sexual appetite and for preventing infection."²⁰

The development of modern medicine in Britain and America was influenced by the strict moral regime of the Victorian era, and perhaps no issue influenced the spread of neonatal circumcision as much as masturbation. The prevailing notion held that retention of the foreskin led to local irritation and itchiness on the penis, which would encourage young boys to touch their penises and facilitate masturbation. For many medical authorities, removal of the foreskin at the earliest possible age (long before sexual impulses began to mature in young boys) provided a convenient preventative against masturbatory impulses. According to Remondino, "the practice of [masturbation] can be asserted as being very rare among the children of circumcised races."²¹ Although neither Remondino nor any other circumcision advocate produced reliable evidence, they often perpetuated the notion that Jewish boys rarely masturbated. As with the belief around venereal disease, circumcision became the major source of Jews' perceived immunity to the curses of sexual immorality: masturbation in the young and venereal disease in the sexually active adult. Jewish physicians also supported the practice becoming routine, as "[circumcision] influenced non-Jewish acceptance of circumcision, which, in turn, served to reinforce the Jewish ritual."²² Rather than persecute the Jews for their adherence to the old Hebrew

¹⁹ R. E. Foott. "Letters, notes, and answers to correspondents," *British Medical Journal* Vol. 2 (Aug. 22, 1903): 448.

²⁰ H. H. Hazen. "Syphilis in the American Negro," *Journal of the American Medical Association* Vol. 63 (August 8, 1914): 463.

²¹ Peter C. Remondino. *History of Circumcision from the Earliest Times to the Present*, 224.

²² Edward Wallerstein, *Circumcision: An American Health Fallacy*, 157.

covenant, many Gentiles now upheld the ritual as a source of strength and an example of clean, moral living.

Regardless of the merit or absurdity of this new generation of Judeo-philic physicians, the desire among Victorian society to impart sexual morality upon its members remained powerful beyond the turn of the century. The moral leaders of the English-speaking nations felt that sexual overindulgence, in addition to the obvious impacts of communicable disease, would drain the energy of their young men.²³ Edward Wallerstein, former communications coordinator at the Mount Sinai School of Medicine in New York City, took this one step further. The upper-class concerned themselves with the enforcement of sexual mores in Victorian Britain and America, and Wallerstein connects these points to add a more diabolical element to the fear of sexual depletion. He states, "It is worth speculating that the powers that be believed that greater self-control was important for upper-class whites in order to maintain their domination over the poor and "inferior" peoples."²⁴ This prevailing attitude coincided with the height of Britain's imperial power and a period of intense racial oppression in the United States. Notions of White Anglo-Saxon Protestant (WASP) superiority may have factored in the promotion of circumcision as a sexual suppressant. Worth noting, however, Wallerstein's speculation conflicts with the notion that circumcision practices had come from admiration of Jewish ritual and living, as Jews remained outside of the WASP elite in most political circles.

Masturbation remained a primary focus of pro-circumcision advocates in both the United States and Great Britain into the first decades of the twentieth century. The Industrial Revolution saw both a decrease in the onset age of puberty and an increase in the average age of marriage. The presence of sexually mature children sparked alarm in many households, with parents perceiving a need to control sexual behavior in this new generation of adolescents. The sexual tendencies of younger children, including fondling and masturbation, came under closer scrutiny. The consensus held by most medical practitioners of the period, influenced by the Victorians' puritanical mindset regarding sexual and other behaviors, attributed these actions to pathological

²³ Robert Darby, *The Masturbation Taboo and the Rise of Routine Male Circumcision: a Review of the Historiography*, 741. This role as "moral protector" in society had traditionally been held by clergy, but in more modern and secular Britain and America, doctors and other medical professionals increasingly took up the mantle of moral agents and enforcers, influencing public law and opinion. Robert Darby also writes at length on the topic of circumcision's rise in Victorian Britain as a method of controlling the male sex drive in *A Surgical Temptation: the Demonization of the Foreskin and the Rise of Circumcision in Britain* (Chicago: University of Chicago Press, 2005).

²⁴ Edward Wallerstein, *Circumcision: An American Health Fallacy*, 35.

causes or corrupting outside influences.²⁵ Fear of losing children to sexual immorality struck a chord with middle and upper-class citizens, who could afford the variety of “treatments” for masturbation, which could include threats of mutilation (even complete castration). Procedures designed to inflict a degree of pain as a psychological deterrent to self-gratification, included: chastity cages designed to enclose the penis, infibulations,²⁶ and circumcision. In this environment of paranoia over child sexuality, neonatal circumcision appeared to many as the most humane and effective option.²⁷

Although this moralistic justification of circumcision took hold in both Britain and the United States, three differences had manifested themselves by the 1920’s that may offer explanation for the subsequent divergence in circumcision practices in the two countries. First, the American focus (obsession according to some) with personal cleanliness and hygiene surpassed the accepted British norm. Second, evidence indicates that surgical options for treatment began to flourish in America, while voices of suspicion over routine surgical procedures (particularly circumcision) became more and more vocal in Britain, until by the 1930’s when a substantial opposition emerged, one that was largely absent in America. Third, the American medical establishment became more democratic and privatized than what was to become a state-run British system after the Second World War, when the British government gained a direct hand in determining what medical procedures were going to be covered by medical insurance.

Although some historians have theorized that penile hygiene was an original cause for circumcision, a proven connection remains elusive. P. C. Remondino claimed that the ancient Egyptians “connected circumcision with hygiene and cleanliness,” and that the Jews also saw a hygienic benefit to the practice.²⁸ However, he outlined predominantly religious or cultural associations among the ancient peoples, and so the connection with personal hygiene appears to be a modern one. Americans began their fascination with bodily cleanliness and odor as far back as 1870, when the underarm deodorant began to capitalize on this desire to smell and feel clean as a token of health.²⁹ Special cleansing products for dental, hair, and skin care followed, and many of these products were innovated by and marketed primarily to Americans.

²⁵ Robert Darby, *The Masturbation Taboo and the Rise of Routine Male Circumcision: a Review of the Historiography*, 742.

²⁶ Infibulation in this instance refers to tying, clamping, or possibly suturing shut the end of the foreskin to cover and deny access to the penis.

²⁷ Robert Darby, *The Masturbation Taboo and the Rise of Routine Male Circumcision: a Review of the Historiography*, 738.

²⁸ Peter C. Remondino. *History of Circumcision from the Earliest Times to the Present*, 34.

²⁹ Edward Wallerstein, *Circumcision: An American Health Fallacy*, 37.

Because of an association with sin, the lower orifices of the body received special attention when it came to hygiene. Although the relative underdevelopment of the United States during the early twentieth century prevented many citizens from practicing modern standards of hygiene, it had become enshrined in American health and fitness as an ideal, one that received more aesthetic attention than in Britain, where the main focus was on pathology and cleanliness to prevent disease. Wallerstein points out that while Americans expose themselves to a variety of these personal hygiene products, no such device, spray, or lotion is disseminated for the proper care of the penis. He also pointing to the opinion of Dr. Spock, who in his original support of circumcision warned that most parents are unwilling to assist their sons in learning proper penile hygiene and handling of the penis for cleaning; he theorized aversion to this particular area of the body could exacerbate medical problems associated with the foreskin.³⁰ The widespread adoption of circumcision, and the advocacy of circumcision as a reliable and comparatively carefree measure of clean living by American physicians such as Remondino and Dr. Spock, may in part explain its continued implementation. Circumcision in the United States has come to be regarded by circumcision advocates as the primary method of penile hygiene.

With the progress of the nineteenth century and advances in antibiotic and anesthetic techniques, surgery experienced an increase in British and American medicine. Though once considered a lower class of the medical field, the drop in surgery-related fatality led to a search for surgical solutions to old medical problems. An article from the 1894 *British Medical Journal* contains a letter from Dr. Stanley Haynes detailing the use of chloroform as an effective anesthetic in the circumcision of a young boy, all while the child slept soundly in his bed.³¹ A century before, the operation would not have seemed routine, with a lack of effective anesthetics or antiseptics contributing to disdain of surgery and fear of complications. The relationship between phimosis and circumcision indicates that doctors had already accepted a surgical solution for this particular problem, and the increasing popularity of the procedure around the turn of the century followed this trend. The British began to break with this surgical vogue, and sources after 1900 show a slow but tangible increase in criticism of routine surgery.

A 1903 article from the *British Medical Journal* contains a reference to ritual circumcision, and specifically to a pair of infant deaths in the London Jewish community, deaths that were apparently the result of circumcision. Although the article does not attack the procedure of

³⁰ Ibid., 74-75.

³¹ "Letters, notes, and answers to correspondents," *British Medical Journal* Vol. 2 (Sep. 29, 1894): 738.

circumcision, it draws attention to possible danger posed by allowing Jewish *mohels*,³² who might not have medical licensure by the state, to operate on infants. The admiration of the Jewish practice developed in the Victorian Age had begun to shift. Once more, the Jewish circumcision was perceived as an archaic and potentially dangerous ritual, and with circumcision being thought of in purely medical terms, it revived suspicion of the Jewish rite, especially when practiced outside of the controlled and sterilized environment of a modern hospital.³³

A later article written by A. Ernest Sawday in 1930, under the same publication, indicates that the British medical practitioners still considered circumcision a standard part of their surgical arsenal; however, the routine surgery received a more critical eye among British doctors than it had in earlier decades. Sawday outlined a specific method of performing a non-surgical procedure that may be used in lieu of circumcision. While he outlined situations when the surgery may be called for, he urges that these complications rarely occur, and that the *routine* of neonatal circumcision serves no net gain for society.³⁴ American physicians did not, at this stage, speak out in these terms against the procedure. Here the schism between American and British physicians becomes clear, with Americans continuing to embrace surgical solutions while the British doctors show increasing skepticism.

The divergence between the American and British practices addresses a fundamental cultural gap. The two medical communities had been united in the Victorian attack on masturbation and syphilis, but when attitudes towards masturbation became less hard-line, the Americans found new reasons to support the practice, with increasing emphasis not only on disease prevention but general hygiene and aesthetics as well. The British, in fact, had never taken to circumcision with the same veracity as Americans. A British study estimates that at its height in Britain, probably about a third of males born were circumcised. The rates in America, by contrast, kept rising, and by 1910 had already reportedly reached fifty-six percent.³⁵

Today, many health insurance policies cover the procedure of neonatal circumcision in the United States and this obviously provides economic incentive for doctors to perform the procedure. However, physicians in the United States have often urged these health care providers to cover the procedure as a medical necessity. This may represent a desire by physicians to provide greater coverage for their

³² A *mohel* is the ritual circumciser in the Jewish rite of *brit miloh* or *bris*, ritual circumcision occurring usually on the eighth day after birth.

³³ "Ritual Circumcision in its Operative Aspect" *British Medical Journal* Vol. 1 (Mar. 28, 1903): 748.

³⁴ A. Ernest Sawday, "Phimosis and Circumcision" *British Medical Journal* Vol. 2 (Jul. 4, 1931): 14-15.

³⁵ Edward Wallerstein, *Circumcision: An American Health Fallacy*, 27.

patients, or in a more cynical explanation the procedure carries a venal quality that provides money payoff from routine circumcision in the United States, to both the doctor and the hospital. Meanwhile, the British retraction gave way to a forsaking of routine circumcision when the government founded the National Health Service in 1949. Circumcision, the leaders of the new body determined, did *not* qualify for the new national health coverage, and rates in Britain continued to fall.³⁶

A great body of evidence, from biblical and classical to medieval sources, attests to the ancient history of the procedure of circumcision. For all its longevity, stretching back thousands of years, the practice has generated a fierce debate that has lasted nearly as long. So simple in concept that it predates the actual discipline of surgery or indeed any modern body of medicine, circumcision still remains a mystery that has confounded histories and excited wild passions. The transformation of circumcision from an ancient and mystical rite, into a modern medical routine has done surprisingly little to shed light on either the origins or the true nature of the practice.

The English-speaking world became, for a brief period, unified together in a sort of cultural war that centered on this ritual. Once considered bizarre or sinister, circumcision transformed into a miracle cure of the Victorian age, and Anglophone physicians on both sides of the Atlantic cheered its prophylactic uses and saw the procedure as their most potent weapon in the battle against immorality. For a few decades, it seemed that the surgery had a new champion in modern American and British medicine, but questions over its medical necessity remained. More recently, the Centers for Disease Control has indicated that circumcision rates have begun to fall in the United States as well, but neonatal circumcision did gain a powerful new advocate worldwide in 2007, when the World Health Organization endorsed male circumcision in the fight to prevent the spread of HIV/AIDS. Studies indicating that circumcision can reduce the risk of a male contracting HIV from heterosexual intercourse factored into the decision, but cultural disputes continue to play a heavy role in the debate over male circumcision.³⁷

As for the split between American and British physicians regarding circumcision, it did little to impact the practice worldwide. In fact, rather than provide answers about one of mankind's oldest surgeries, the schism revealed fundamental differences in the way they viewed medicine. Both sides felt that they acted in the best interests of their children and society as a whole, but paid less attention to the rights of

³⁶ Edward Wallerstein, *Circumcision: An American Health Fallacy*, 30.

³⁷ Rabin, Roni C. "Steep Drop Seen in Circumcisions in U.S." *The New York Times*, August 16, 2010. <http://www.nytimes.com/2010/08/17/health/research/17circ.html?ref=health> (accessed February 10, 2012).

children or the legitimacy of medical claims than to cultural concerns, and these shifted the aims of the medical community, contributing to a rise and fall of circumcision. It also became clear that once the puritanical dogma over masturbation and sexual control that held British and American doctors to the same convictions had lost favor, the unity was cut away and discarded. Current debates on circumcision across the world only underscore how little conclusive research doctors and medical practitioners have conducted on the subject, and it remains for many an issue of cultural or social control over their children, rather than one of medical treatment.